



PATIENT

Gizmo Stancel

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7 Years

WEIGHT

11.6 pounds

INTERPRETED BY

Eric Lindquist, DMV,
 DABVP(CFM), Cert.
 IUUSS

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Paws Wings Scales
 Animal Hospital

REFERRING VET

Dr. Stancel

INVOICE

14635

DATE

03/26/26

PRESENTING CLINICAL SIGNS

- Enlarged heart on rads, liver and spleen enlarged, pt now anemic, coombs neg.

Abnormal PE/Chem/CBC/UA Results: pcv-13 plt-9 wbc-5.3 parr immunoglob-polyclonal tcell recep polyclonal

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

FELINE CARDIAC PARAMETERS	BODY WEIGHT (lbs)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT	11.6	200	0.65	1.8	0.65	50	80
FELINE CARDIAC PARAMETERS	LA/AO (M-mode)	LA/AO HEART BASE (Sisson)	LAD LA MAX 4 Chamber		LVOT VEL. (m/s)	RVOT VEL. (m/s)	IVRT (m/)
NORMAL PARAMETER	<1.5	1.6	0.7-1.7		<1.6	<1.3	40-60
PATIENT	1.1	1.44	--		--	1.0	NM
Adapted from June Boon, Veterinary Echocardiography, 1998 Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705							

EPSS: 0.1 // E-wave velocity: 0.7

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics.. The **left ventricle** presented normal thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions and angles of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** and right ventricle were mildly enlarged in this patient. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated insufficiency yet appeared compensated with minor right ventricular hypertrophy. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No visible **pericardial** or free pleura fluid was noted or extra cardiac pathology in the visible planes. The cranial **mediastinum and pericardial regions** were free of masses in the visible window.

Urinary System



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The **urinary bladder** revealed a minor amount of sand. The patient is likely passing sand or granules periodically from the kidneys to the bladder. A sand grouping measured approximately 0.80 cm.

The **left kidney** revealed pelvic calculi grouping of which measured 2.2 cm. The left kidney measured 4.64 cm with moderate remodeling.

The **right kidney** revealed dystrophic mineralization and cortical remodeling with normal renal size. The right kidney measured 4.0 cm in length.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.40 cm width. The right adrenal gland measured 0.44 cm width.

Spleen

The **spleen** presented persistently enlarged with a hypoechoic nodule in the mid splenic body measuring 1.04 cm. The persistent splenic enlargement measured 1.6 cm. Blood flow appeared to be normal.

Liver

The **liver** presented mildly enlarged with slight coarse architecture. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

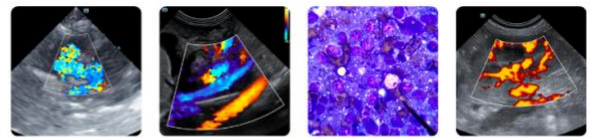
Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram with mild right-sided enlargement.
- Tricuspid insufficiency yet not clinically significant.
- Minor right ventricular hypertrophy.
- Renal calculi with moderate degenerative renal changes.
- Age-related abdominal changes.
- Persistent splenic enlargement with hypoechoic nodule.
- Bladder sand.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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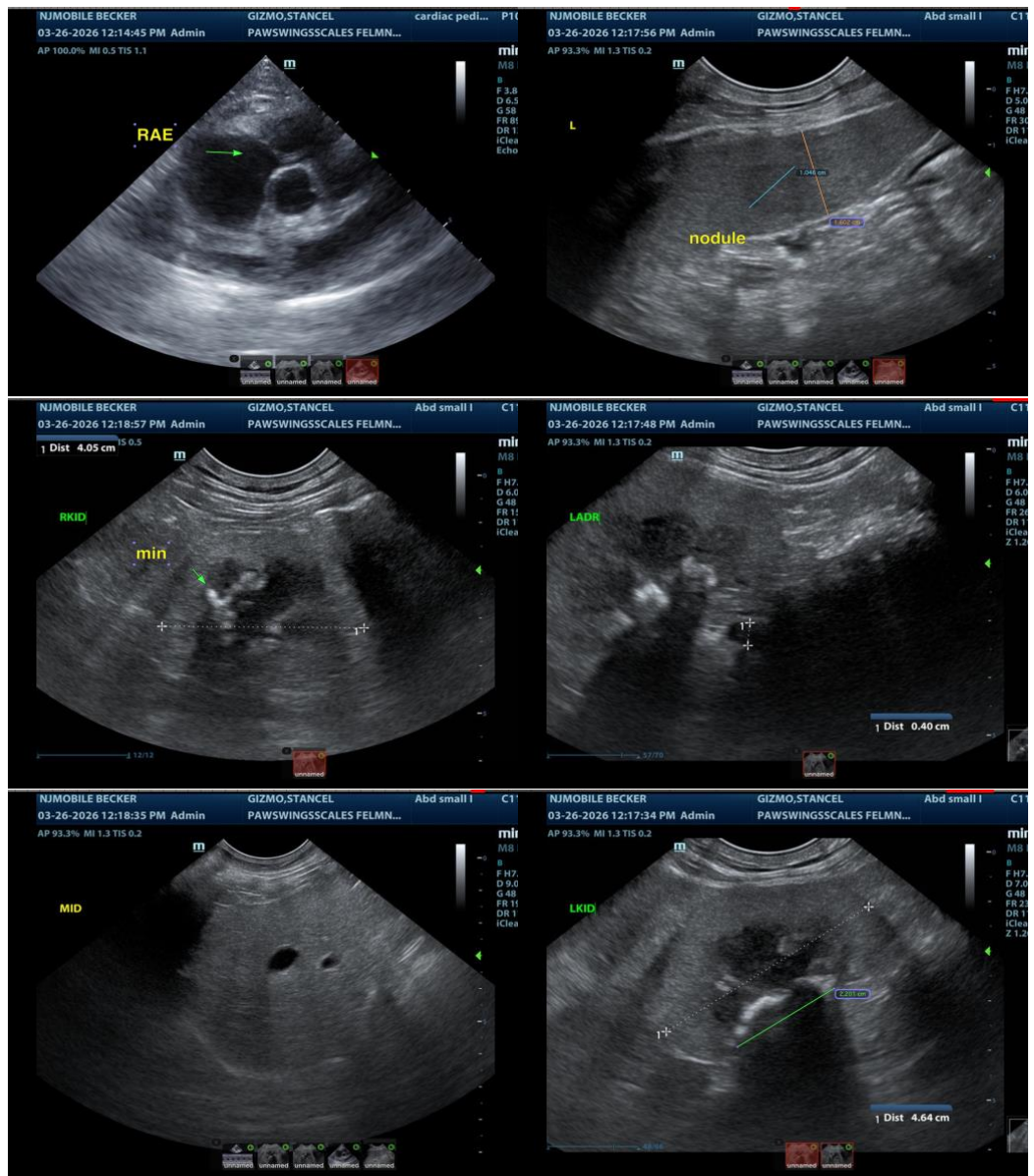
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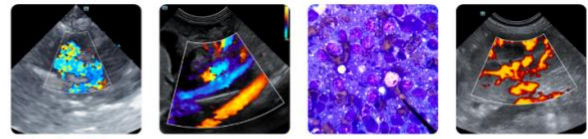
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The intestinal thickening noted on the prior sonogram does not appear to be persistently present, however, cannot rule out intestinal artifact obscuring this lesion.

Given the splenohepatomegaly, even though prior FNA was benign, cannot rule out a pre-neoplastic state and no significant progression from the prior sonogram was noted other than the splenic nodule. Given the patient's history, CBC path review and bone marrow aspirate may be appropriate.





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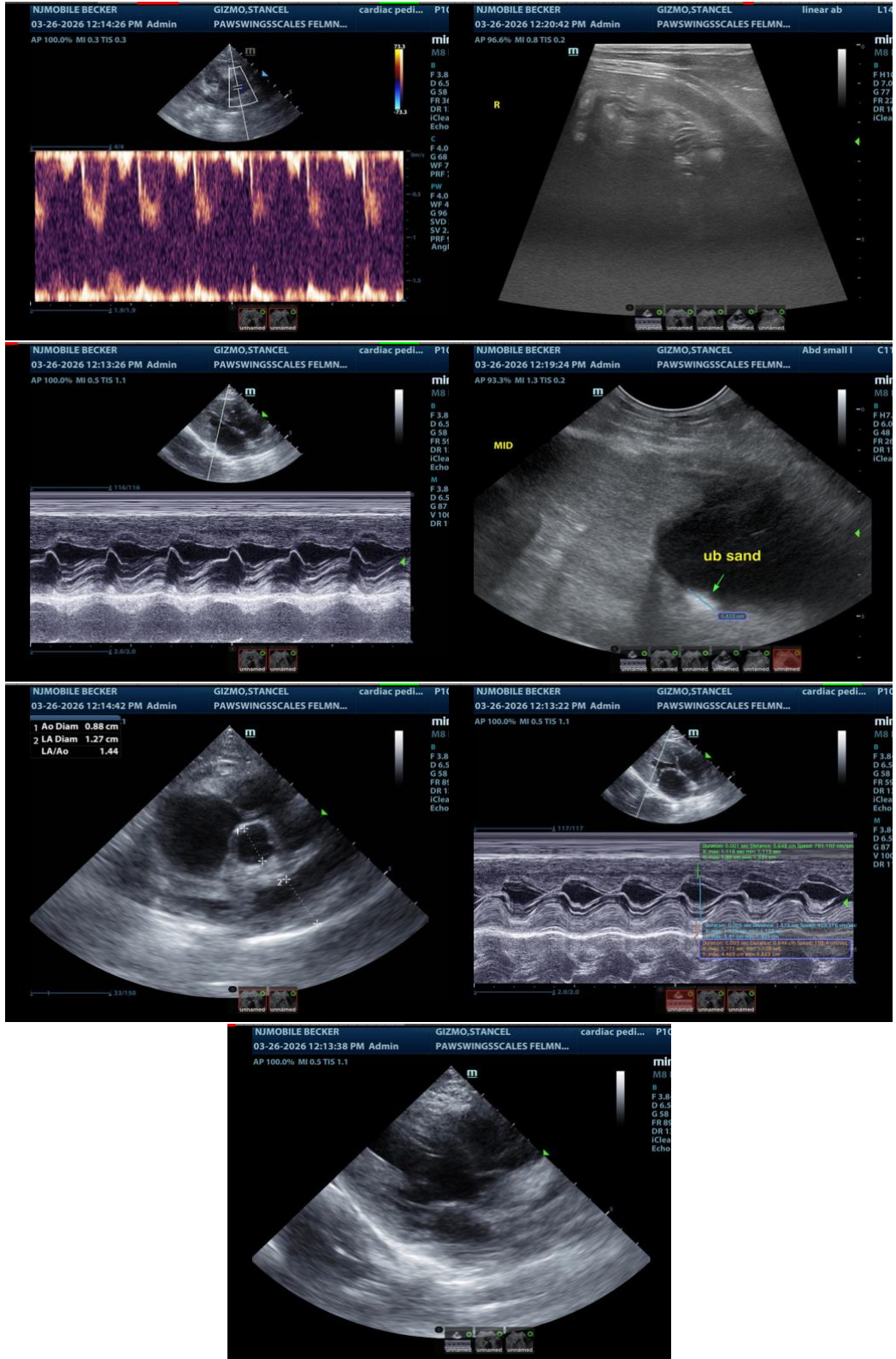
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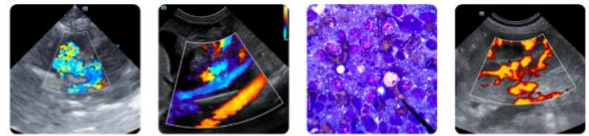
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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CEO, Owner, Founder -- SonoPath.com

info@SonoPath.com

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